



Gloucestershire County Council

EDUCATION COMMITTEE

Annual Report

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1957

GEO. F. BRAMLEY

Principal School Medical Officer

PUBLIC HEALTH LIBRARY,
LONDON COUNTY COUNCIL.

GLOUCESTERSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

HEALTH DEPARTMENT,
BERKELEY HOUSE,
BERKELEY STREET,
GLOUCESTER
May, 1958

To the Chairman and Members of the
Education Committee.

SIR, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the School Health Service for 1957.

This service has now been in operation fifty years and some notes on its development and improvement in the health of children have been included in the report at the request of the Ministry of Education.

As has been usual in the last thirty or more previous Annual Reports, and particularly since the war of 1939-45, it can be stated that the general standard of health of the school child is, as shown by medical inspection, continuing to improve. This is with the exception that in the last ten years there is more dental disease. The report of the Principal School Dental Officer in later pages deals with this matter in some detail. Dental decay is preventable and one simple method is the regular cleaning of teeth. By other methods, such as restriction of sugary foods to mealtimes or immediately afterwards, and fluoridisation of water supplies, this great epidemic could be conquered.

With regard to infectious diseases, the chief feature of 1957 was the Autumn pandemic of Asian Influenza. Fortunately it was a mild disease, though widespread, and from our records more school children were affected by Influenza than ever before.

We were able to inoculate more children against poliomyelitis than previously and through the help of headteachers were able to use up all the material which could be supplied to us.

During the year we had a full staff except for dentists, speech therapists and school nurses (in rural areas where the district nurse is also the health visitor) and this is shown in the report where large totals also reveal the amount of work done. Much of the work is

done in school time and on school premises. This I hope helps to foster the principle that the School Health Service is part of school life and not just a series of outside individuals descending on the school to be yet another interference. That we are accepted in the former sense is evidenced so widely by the welcome and help we get from the teachers. I trust that this spirit will become completely accepted and our services used to their full potential—e.g. the school nurse being asked to help in mothercraft teaching and related subjects. Busy as they are, they would welcome these opportunities to spread the gospels of health education.

I again formally and sincerely thank the Committee and teaching staffs, officers of the Education and Health Departments for their help and encouragement and would draw attention to the hard and devoted work done by the clerical staff of the Department. My Deputy, who supervises the School Health Service on my behalf, has been responsible for much of the report which follows and I thank him also.

I have the honour to be,

Your obedient Servant,

GEO. F. BRAMLEY,
Principal School Medical Officer

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STAFF

As at 31st December, 1957

PRINCIPAL SCHOOL MEDICAL OFFICER

G. F. BRAMLEY, M.D., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

W. DAVIDSON-LAMB, M.C., M.B., Ch.B., D.P.H.

SENIOR ASSISTANT COUNTY MEDICAL OFFICER AND SCHOOL MEDICAL OFFICER

J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

KATHARINE E. M. ALLEN, M.A., M.R.C.S., L.R.C.P.

MARGARET D. CAMERON, M.B., Ch.B., D.P.H.

D. E. CLARE, M.B., B.S., D.P.H.

SHEILA M. E. GREW, M.R.C.S., L.R.C.P.

CATHERINE E. HIGNELL, M.R.C.S., L.R.C.P.

JEAN M. MOORE, M.B., B.S.

MARY P. S. SEACOME, M.A., B.M., B.Ch.

P. J. SPELLER, M.B., Ch.B., D.P.H.

A. T. HUNT, M.B., B.S., D.P.H.

S. KNIGHT, M.B., B.S., D.P.H.

W. A. KNOX, M.B., B.Ch., B.A.O., D.P.H.

M. L. SUTCLIFFE, T.D., M.R.C.S., L.R.C.P., D.P.H., D.P.M.

} Also District
Medical
Officers
of Health

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

T. O. P. D. LAWSON, M.D., D.P.H., D.R.C.O.G.

ASSISTANT MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

BRENDA G. KING, M.B., B.S.

A. PARRY JONES, M.B., B.Ch., D.P.H.

} Cheltenham
Excepted
District

PRINCIPAL SCHOOL DENTAL OFFICER

J. F. A. SMYTH, L.D.S.

DENTAL OFFICERS

P. CRANE, L.D.S.

D. N. DE GRUYTHER, L.D.S.

J. P. H. DONOVAN, L.D.S. (part-time)

W. M. ELLIS, L.D.S.

A. J. HARDINGHAM, L.D.S. (part-time)

S. G. HOUSE, L.D.S. (part-time)

H. T. JONES, L.D.S. (part-time)

A. J. LANE, L.D.S.

MISS M. S. MACKINNON, L.D.S.

J. A. MACPHAIL (part-time)

A. W. MCCARTHY, L.D.S.

F. MCGONIGAL, L.D.S., D.D.O.

MRS H. NOBLE, B.D.S., L.D.S. (part-time)

J. P. B. PENGELLY, L.D.S.

MRS J. M. POPPLEWELL, L.D.S. (part-time)

W. RICHARDS, L.D.S.

MRS D. W. SQUIRES, L.D.S.

D. A. THOMAS, L.D.S.

N. R. THOMAS, B.D.S., L.D.S.

DENTAL HYGIENIST

MRS W. E. JUDD

DENTAL ATTENDANTS—15 full-time ; 8 part-time

CHILD GUIDANCE

PSYCHIATRISTS—H. S. COULSTING, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
K. C. P. SMITH, M.R.C.S., L.R.C.P., D.P.M. (part-time)

PSYCHOLOGISTS—MISS E. A. WHITE, M.A.
MRS D. M. RIDLEY, B.A.

PSYCHIATRIC SOCIAL WORKERS—MISS D. HILL, B.A.
MISS B. K. DEARNLEY

SOCIAL WORKER—MRS R. GEORGE, B.A.

HEALTH VISITORS AND SCHOOL NURSES

MISS E. K. N. CUMMING (Superintendent)

MISS F. FORTNAM (Deputy Superintendent)

60 HEALTH VISITORS (Equivalent of 20 School Nurses)

SCHOOL NURSES—3 (Cheltenham Excerpted District)

DISTRICT NURSES (Part-time Health Visitors)—42 (Equivalent of 4.6 School Nurses)

SPEECH THERAPISTS—5

ORTHOPAEDIC AFTER-CARE SISTERS—5 (1 part-time)

EAR, NOSE AND THROAT SURGEONS—4	} part-time, Regional Hospital Board
OPHTHALMIC SURGEONS—6	
ORTHOPAEDIC SURGEONS—4	

ADMINISTRATIVE STAFF

F. B. WILTON

W. ROBERTS

STATISTICS OF THE COUNTY

AREA (in acres)	URBAN	24,179	
	RURAL	749,131	
		<hr/>	773,310

POPULATION—R.G. Estimate Mid. 1957

	URBAN	154,100	
	RURAL	307,450	
		<hr/>	461,550

NUMBER OF SCHOOLS AND CHILDREN IN ATTENDANCE

COUNTY (excluding Cheltenham), July, 1957.

	No. of Schools	Average No. on Registers
1. PRIMARY	335	39,668
2. SECONDARY		
(a) Grammar, including bi-lateral	17	7,065
(b) Modern	34	12,745
Technical	3	631
(c) Senior and Junior Technical (including Art)	7	937
	<hr/>	<hr/>
	396	61,046

CHELTENHAM EXCEPTED DISTRICT

1. PRIMARY	24	6,927
2. SECONDARY		
(a) Grammar	2	1,399
(b) Modern	6	2,257
Technical	1	586
	<hr/>	<hr/>
	33	11,169
	<hr/>	<hr/>
Gloucestershire Grand Total	429	72,215
	<hr/>	<hr/>

COUNTY SCHOOL HEALTH SERVICE 1907 - 1957

In this Jubilee year of the establishment of the School Health Service the Ministry of Education have asked for notes on the development of the Service.

Section 13 of the Education (Administrative Provisions) Act, 1907, was the statute concerned, and required the medical inspection of children admitted to elementary schools. The duty was extended to secondary schools by the Education Act, 1918. Subsequently both of these Acts were repealed, but the duties and powers of medical inspection were extended and enlarged. This was by the Education Act, 1921. Today the main Act under which the services operate is the Education Act, 1944.

So far as Gloucestershire is concerned, inspection of school children commenced systematically in November, 1901. Arrangements were then made with a local general practitioner to examine each term the children at the Stonehouse National School, primarily to detect unrecognised cases of scarlet fever. At the first inspection out of 244 children 103 were suffering from infectious conditions—skin disease and head lice. Terminal inspections were continued thereafter until the County Council took over the schools. At the school inspection prior to this the children had a clean bill of health apart from a few cases of impetigo. Presumably the action following these inspections had resulted in the improvements noted.

Only two years after the County Council became the local education authority they decided on a pilot scheme of medical inspection in the forty-four schools, with approximately 7,000 children in the Stroud Union. This decision was made by the Education Committee on the 28th May, 1904. Inspections began in August, 1904, but because of certain difficulties they ceased in May, 1905. The County Medical Officer of Health of the time was asked to give evidence on the scheme before the Board of Education's Inter-departmental Committee appointed in March, 1905. In their report dated November, 1905, the Committee said, "It is the only experiment of the kind which has been attempted. Moreover it is the only area in which any statistics are available." The inclusion of Section 13 in the Education (Administrative Provisions) Act, 1907, was one outcome of the report of this Committee.

The Board of Education issued an explanatory circular in November, 1907, concerning arrangements for medical inspection. This included a recommendation that the County Medical Officer of Health should be appointed the School Medical Officer and defined the groups of children thought proper to examine. In Gloucestershire the Medical Officer of Health was appointed School Medical Officer for the first time on the 13th April, 1908. The first County school medical inspector was appointed on the 1st September, 1908. Within ten months two further medical inspectors were appointed. A portable steel yard was devised for use in the County for weighing children at inspections, and some of these were still in use twenty-eight years later. The steel yard was used suspended from the centre of a bamboo tripod, the child being weighed sitting on a swing type seat. A subsequent innovation for suspending the steel yard consisted of fitting in all County schools a large steel hook secured into a ceiling joist. For many years the staff for school medical inspection consisted of two school medical officers and three doctors also district medical officers of health. After 1937 the staff became six medical inspectors, also medical officers of health to districts and one whole-time woman school medical inspector for examining girls at secondary schools.

From the first it was realised that nursing assistance was necessary to avoid undue tax on the teaching staff. Two whole-time nurses were appointed. From the start also the School Medical Officer was authorised to use the services of district nurses. In 1908-9, 32 nurses, working for thirty District Nursing Associations, gave their assistance. In September, 1911, a third school nurse was appointed for combined nursing and school attendance duties. Subsequently schemes for the treatment of tuberculosis and the

appointment of health visitors led to a re-appraisal. In November, 1914, seven whole-time nurses, doing combined school and tuberculosis duties, were appointed. There was also a suggestion that the three branches, school nursing, tuberculosis duties and health visiting, might be undertaken by one set of nurses. The County Council in July, 1916, adopted a general scheme of health visiting for mothers and young children, tuberculosis nursing and school nursing. Under these arrangements seven whole-time nurses and seventy-eight district nurses undertook the work. There were six County areas with a whole-time nurse in charge of each, acting also as relief in case of need. The district nurses had up to this time taken no part in the examination of children's hair as it was suggested that this would make them unpopular with their parents. Such a fear, however, proved groundless and indeed the acceptability of the district nurse in the homes within her area has proved most valuable in the improvements achieved in this particular field. By 1936 the number of district nursing associations was 138, practically covering the whole of the County.

In the early days 44% of girls with head lice was by no means unusual and in 1916 16.3% of all children were infested. By 1936 the percentage was 4.3, certain families being particularly sources of the trouble, their names recurring year by year, and indeed this pattern of infestation exists still. A greater infestation was usually found among girls, in 1936 the figure being 7%. In the early years no scheme for treatment was available, although inspection of children was compulsory. This was very unfortunate when many children were found to require treatment for more or less serious conditions and yet schemes did not provide the necessary arrangements. At the commencement powers for treatment had to be those sanctioned by the Board of Education and until such arrangements were sanctioned it was only possible to encourage parents to take advantage of local facilities. Unfortunately there was a proportion of children year by year, not inconsiderable, for whom treatment was lacking. In 1912 the County considered generally the question of treatment provision. Local efforts were already making some provision. For example dental treatment was arranged at Badminton by the Dowager Duchess of Beaufort, at Stanton, at Horton and at Lower Guiting, again by voluntary effort. These examples encouraged the Education Committee to provide a whole-time school dentist, who commenced work in 1914. He did useful work for four years with portable apparatus and had 60% acceptances from those requiring treatment. In 1919 two whole-time dentists and two dental nurses were appointed and children of six to ten years were examined, 55% acceptances being secured. Subsequently four whole-time dentists were employed, giving part of their services to mothers and young children, from September, 1931. The acceptance rate for treatment had increased to 80% by the middle thirties. By January, 1919, the Education Committee adopted a comprehensive scheme for medical and surgical treatment for children. The arrangements started in 1921 with seven clinics in hospital premises and one in a separate building. By 1936 there were 29 such centres. At the commencement work was limited to minor ailment treatment, correction of defective vision and treatment of defects of the nose and throat. Subsequently arrangements were extended to include the treatment of goitre, special examination of children with cardiac defects and orthopaedic treatment.

In spite of the reduction of the services during the second World War in 1939-45, the nutrition of children was maintained by the advent of the School Meals Service. By 1946, for the first time, the report contains figures for the Excepted District of Cheltenham.

Following the coming into force in July, 1948, of the National Health Service Act, 1946, a change in policy became effective. This was directed to settling the School Health Service into its setting as part of the general Health Services and developing it to carry its responsibilities. In 1949 the provision of specialists for designated services for school children was accepted as the responsibility of the Regional Hospital Boards. The specialists previously appointed to visit the various clinics in the County thus continued as officers of the Boards. The making of appointments for children at the

clinics and appointments with the specialists, and in certain parts of the County with the hospitals for operative treatment of enlarged tonsils and adenoids, continued to be dealt with by the Health Department. One unfortunate result of the introduction of the Health Services concerned the fact that the school child had to take his place for supply of spectacles with the rest of the community and in addition the priority for dental care, which was their right under legislation, became impracticable. In this same year the first residential school in the County for the educationally subnormal was opened. In the matter of school meals, in 1949, out of 384 schools only 18 had no dinner provided. In 1950, for the first time in Gloucestershire, no school child was reported as suffering from diphtheria. Unfortunately in that year there was a large number of poliomyelitis cases. In the years following the service has consolidated and expanded. The needs for the service remain as vital today as in the past although the general picture has very materially changed from that which presented fifty years ago.

SCHOOL MEDICAL INSPECTION

During the year there were 29,306 periodic medical inspections. This is a decrease of 2,774 compared with the equivalent figure for the previous year, which was 32,080. The decrease is, however, offset by the increased number of special and re-inspections made.

Periodic Medical Inspections—Number Inspected

	<i>Entrants (First Age Group)</i>	<i>12 years (Second Age Group)</i>	<i>14 years (Third) Age Group)</i>	<i>Total</i>	<i>Additional Periodic Inspections</i>	<i>Grand Total</i>
County ...	6,221	5,826	5,851	17,898	7,333	25,231
Excepted District ...	1,082	827	959	2,868	1,207	4,075
Whole County	7,303	6,653	6,810	20,766	8,540	29,306

Whilst the figures for entrants and leavers are comparable with the same group figures for the previous year, the remainder of the table cannot be so compared because the definitions of the Second Age Group and Additional Periodic Inspections have been altered. Formerly the Second Age Group were the 10 year olds only, and the Additional Periodic Inspections column included 12 year old children. With effect from the 1st January, 1957, the 10 year old age group ceased to be examined routinely. Substituted for it was a full examination of all pupils at age 8 years instead of, as formerly, a partial examination restricted to eyes, ears, nose and throat.

The Second Age Group now covers the 12 year olds. These latter were formerly included as additional periodic examinations. The 8 and 15 to 17 year olds now form this category.

With a reduction of the number of age groups examined, the total number of pupils inspected shows a fall but there was a considerable increase of the Medical Inspections which are special and re-inspections.

Other Medical Inspections—Number Inspected

	<i>Special Inspections</i>	<i>Re-inspections</i>	<i>Total</i>
County	874	12,496	13,370
Excepted District	1,075	193	1,268
Whole County ...	1,949	12,689	14,638

It will be apparent that as the children are those who are either suspected to have, or actually have, a defect, it is most important that they should be examined as frequently as may be necessary to ensure their proper progress.

The reasons for the changes referred to above permit compliance with the more generally accepted policy of routine medical inspections, and make adequate provision for regular review of all children found to require it.

Findings at Medical Inspections

Excluding treatment for dental conditions and for infestation with vermin, the number of pupils found at routine medical inspections to require treatment was 3,731, a fall of 726 on the previous year's figure. This continues the fall noted in previous years. The percentage of pupils found to have defects requiring treatment in 1957 was 12.7, compared with 13.8 in 1956.

In the report of the Chief Medical Officer to the Ministry of Education for the year 1955, the percentage quoted for England and Wales is 15.13. The figure, therefore, of 12.7 for the County compares very favourably. An additional 15,065 defects were noted as requiring observation, compared with 15,391 in 1956.

Details of the defects found at periodic inspections will be found at the end of this report.

Physical Condition

During 1957 the assessment of the general condition of children at routine inspections was recorded as either "Satisfactory" or "Unsatisfactory." When a child is placed in this latter category it implies the need for thorough investigation to determine remedial measures required, if these are feasible. The need for school milk and meals is especially borne in mind in such cases. In the year under review the number of children considered "unsatisfactory" was only 0.6% of all age groups. The equivalent figure for the previous year was 2%. It has to be borne in mind, however, that a judgment of this factor is dependent on the opinion of the examining Medical Officer, and of necessity such judgments will vary. I pointed out in my Annual Report for 1956 that this new classification under two categories would naturally result in difficulty of accurate classification. This is well shown comparing the figures in my two Annual Reports and probable that the present year's figures are more nearly accurate. This, of course, is partly the result of the examining Medical Officers becoming more adept at applying their judgments on a new basis. The number of children found to be "unsatisfactory" was 190. 190 children is a small number for a county of the size of Gloucestershire and in this light the finding is a creditable one. However, it does mean that these children are being influenced adversely by one or more factors, of which some may be remediable.

Defective vision

The total defects of vision found to require treatment and observation show some improvement. The number of defects recorded as requiring treatment was 1,455. In 1956 the figure was 1,671, the percentages respectively being 4% and 5.2%. Those defects which were noted as requiring observation only were 3,045, being 3,027 the previous year. The recorded number of children requiring treatment for squint was 205, giving a percentage of 0.7%, when in the previous year the equivalent figure was 0.6%. The number noted for observation only for squint was 465, the previous year's figure being 428, with practically no difference on a percentage basis. Defects of vision other than squint or affecting visual acuity fell from 135 to 96 for those requiring treatment and from 313 to 204 for those requiring observation.

Ear Diseases and Defective Hearing

The total number of children found to require treatment for Otitis Media was 72 (0.2%), compared with 106 (0.3%) in 1956. The number of children requiring observation for this condition was 326 (1.1%); the equivalent figure for the previous year was 494 (1.5%). 147 (0.5%) children were found to require treatment or observation for defective hearing, compared with 619 (2.1%) in 1956. Wax in the external ear was the cause in the majority of these cases. The equivalent figures for 1956 were 195 (0.6%) treatment, 560 (1.7%) observation. The number of children with other ear defects was 41 (0.1%) requiring treatment and 117 (0.4%) observation, when in 1956 they were in the same order 65 (0.2%) and 175 (0.5%).

Height and Weight of Pupils

The measurements of more than 20,700 children attending schools throughout the County are recorded in the table below as averages according to age. Compared with previous records, improvement has been maintained.

Height and Weight Survey for 1957
Whole County

<i>Ages</i>	<i>Number examined</i>		<i>Height (inches)</i>		<i>Weight (Pounds)</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
5 years ...	2,857	2,537	43.2	42.9	43.3	41.9
8 years ...	3,058	2,882	49.6	49.2	57.2	56.0
10 years ...	279	208	55.1	56.8	73.4	69.5
12 years ...	1,815	2,027	57.5	58.6	83.6	89.3
14 years ...	2,188	2,430	62.3	62.0	105.5	109.3
17 years ...	243	244	68.9	64.6	140.4	124.5

Defects at Medical Inspection

In the examination of 7,303 entrants to school there were 818 children, or approximately 1 in 9, with abnormal conditions requiring treatment, excluding defects of vision and squints. Accounting for the bulk of these abnormal conditions were defects of the nose

and throat, followed by skeletal deformities of variable degree, mainly defective posture and flat feet. The number of children with enlarged glands in the neck does not show any great decrease.

The greater use of the Child Welfare Centre services would reduce the number of children presenting defects on entering school. Without regular attendance at Child Welfare Centres abnormal conditions can progress unrecognised.

In the case of school leavers, out of a total of 6,810, there were 532 who presented with defects either on treatment or requiring it. Again defects of vision and squints are excluded.

Frequency of Tonsillectomy

For many years, attention has been drawn to the wide variations in the " tonsillectomy rates " per thousand school children, even in adjacent areas of broadly similar type. As the Medical Research Council's Committee for research on social and environmental health wished to investigate the problem, the Principal Medical Officer of the Ministry of Health asked for surveys to be conducted. The following statistics show the number of children who were examined at periodic medical inspections in 1957, and who were found to have undergone tonsillectomy at some time previously :—

<i>Age Group</i>	<i>Boys</i>			<i>Girls</i>			<i>Combined</i>		
	<i>No. exam-ined</i>	<i>No. Tonsill-ectomies</i>	<i>%</i>	<i>No. exam-ined</i>	<i>No. Tonsill-ectomies</i>	<i>%</i>	<i>No. exam-ined</i>	<i>No. Tonsill-ectomies</i>	<i>%</i>
Entrants	3,772	128	3.79	3,531	106	3.00	7,303	234	3.34
8 years	3,989	566	14.19	3,747	445	11.82	7,736	1,011	13.07
12 years	3,319	667	20.09	3,334	622	18.66	6,653	1,289	19.37
14 years	3,423	704	20.60	3,387	776	22.91	6,810	1,480	21.73
17 years	371	67	18.06	433	129	29.79	804	196	24.38

These figures compare with the averages for England and Wales for 1956, which showed 6.9% of entrants, 20.2% of the intermediate age group and 20.9% of school leavers.

Infestation with Vermin

The total number of individual pupils found to be infested has fallen from 1,335 in 1956 to 931 in the year under review, a drop of 404. On analysis the figures for the County and the Excepted District of Cheltenham indicate that the fall was mainly in the County generally. In Cheltenham the total number of children infested fell from 290 to 274, when in the County the comparable figures were 1,045 to 657.

Medical Inspection Accommodation

While the Standards for School Premises Regulations include a requirement that suitable accommodation shall be immediately available at any time during school hours for inspection and treatment of pupils by Doctors, Dentists and Nurses, adequate and proper provision is still not infrequently lacking. School Medical Officers find it difficult to cope with improvised arrangements. The efficient conduct of the service depends to a considerable extent on the material provision and on the close and understanding contact

between teaching staff and parents as well as School Doctors and School Nurses. It is gratifying to hear of the liaison which is in the main established despite the difficult conditions in which examinations are sometimes carried out.

Hygiene of School Premises

In the course of the year numerous reports have been received from the School Medical Officers following their general inspection of school premises. A considerable amount of work requiring attention has come to notice, particularly with regard to rural schools. Where the reports of conditions have required attention they have been referred to the Chief Education Officer and invariably steps have been taken to improve matters as far as has been possible. It is gratifying to feel that progress has been maintained, although there is still much to be done and the use of unsuitable premises has in some instances to continue.

Swimming Baths

Sampling of swimming bath water at school premises and other County Council properties has been continued. Advice regarding the construction of swimming baths, and the chlorination of the water used has been given. The strictest possible supervision of these swimming pools is maintained.

After-care and follow-up of defects

The follow-up of school children found to be suffering from defects and the after-care of children treated in hospital and elsewhere has continued during the year. Information regarding diagnosis and after-care required has been received from the majority of hospitals in the area and has proved of great value to all concerned. Where the children have been notified as suffering from non-pulmonary tuberculosis investigations have been carried out into the milk supply both at school and in the home for the detection, if possible, of the origins of the infection.

Co-operation

Co-operation with head teachers, school staffs and District Medical Officers of Health has been maintained throughout the year. Apart from difficulties in exceptional cases this mutual help has proved readily forthcoming and given practical benefit to the children concerned.

Health Education

The School Medical Officers, the school nurses and dental officers have, in addition to the individual propagation of education in health, given talks to parent/teacher and other groups on health matters. These have in some instances been supported by visual aids in the nature of films, film strips and flannelgraphs. In addition posters illustrating various preventive measures have been circulated for exhibition in schools. During the year a leaflet was drawn up with particular regard to smoking and lung cancer, but embracing advice on personal health measures generally. The printed leaflets are directed to leavers and were widely distributed in secondary schools.

The need for appropriate and adequate education in sex matters is demanding greater attention, but the complexities of the problem are by no means easy of solution.

Sweep Testing of Hearing

The testing of individual hearing using a pure tone audiometer has continued throughout the year. In March the testing age range was lowered so that thereafter the 6 year old group were the children covered. Formerly sweep testing had been restricted to the 8 year old children. A lower age than 8 had not been possible when we used a gramophone audiometer which requires a response to spoken figures and the children tested had to be sufficiently old to write down the figures voiced by the gramophone audiometer. The change in the age group to be tested created a problem with regard to the balance of 8 year olds untested and the 7 year old children. To overcome this temporary difficulty in all schools except the largest testing was doubled up during this year to cover those children who would otherwise have been missed. This accounts for the rise in the figures given for retests and specials. In addition to sweep testing in the routine group, head teachers are also asked to bring forward the children who they consider backward, irrespective of age, in case difficulty in hearing was a factor. In the great majority of these children hearing was found to be normal.

The accommodation required for testing with the pure tone audiometer is only a small room instead of a classroom, such as was used formerly. This proves of great assistance in schools, where accommodation is usually restricted. Although only individual children are tested, the numbers dealt with in the time available are equivalent to those using the group testing gramophone audiometer. Sweep testing does not involve the charting of an audiogram unless failure is recorded.

Audiometer Test

<i>Number of Schools attended</i>	319	
Total 6 year olds tested	5,474	
Failed in one ear	159	
Failed in two ears	406	
	<hr/>	
	565	10.3%
Total passed	4,909	89.7%
Total Retests and Specials	2,109	
Failed in one ear	67	
Failed in two ears	245	
	<hr/>	
	312	14.7%
Total passed	1,797	85.3%

Referred to School Medical Inspection

<i>Found to have</i>	<i>6-year olds</i>	<i>Special and Retests</i>
Wax causing deafness	39	25
Awaiting T. and A. operations	12	4
Other conditions	50	21
No clinical defect	100	34
<i>Treatment</i>		
Retest	151	45
Review	46	33
Refer to specialist	35	12
Refer to own doctor	40	21
No further action	30	28

Treatment (continued)

E.S.N.	...	...	...	...	...	7	8
Absent	...	...	...	...	...	26	8
Under S.M.O.	...	...	...	...	...	15	6
Attending Hospital	...	...	...	...	...	6	14
Left	...	...	...	...	...	4	5
Awaiting examination	...	...	...	...	...	205	131
						<hr/> 565	<hr/> 312

Referred to Ear, Nose and Throat Surgeon

						6-year olds	Special and Retests
Supplied with hearing aid	...	...	...	...	...	1	—
Recommended for T. and A. operations	...	...	...	...	...	5	6
Referred to or attending hospital	...	...	...	...	...	5	1
No treatment	...	...	...	...	...	12	2
Moderate hearing loss	...	...	...	...	...	3	—
Attending Private Practitioner	...	...	...	...	...	1	3
Hearing within normal limits	...	...	...	...	...	3	—
For X-ray Treatment	...	...	...	...	...	1	—
Did not attend	...	...	...	...	...	4	—
						<hr/> 35	<hr/> 12

Hearing Assessment Clinic

During the past year 46 children have been referred to the Clinic for assessment from the age of 6 months upwards. Pre-school children attending for training by the Educational Consultant at the Clinic numbered 10—one of these, a severely partially deaf child who was five at the end of the year. has been attending normal school for one term and so far has displayed no difficulty in understanding or being understood. One child attends the Bristol day school for the deaf as she is unsuited to residential schooling.

Nine commercial aids with automatic volume control have been issued to children who could not tolerate the National Health Service aid. In the cases where the child was over two years of age they have been purchased and maintained by the Education Committee. Two commercial aids have been purchased by the Free Hospital Trustees for children under two.

Thirty-two children have been fitted with National Health Service aids during the year and a total of 120 wearing aids are attending ordinary schools.

The Welfare Officer has continued to visit children attending special schools during the holidays to advise parents on any behaviour and social problems which arise through their inability to communicate with their deaf child. It is becoming increasingly difficult for the Welfare Officer to settle the leavers from residential deaf schools in suitable work, as in the majority of cases their language attainment falls far short of their manual ability. Although the majority of children in special schools are issued with hearing aids, in many cases they are not sent home with the child in the holidays ; consequently the children do not appear to regard it as an essential part of their daily equipment and on leaving school our experience is that they are not prepared to wear the aid at work.

The peripatetic teacher for the deaf has relieved the Welfare Officer of visits to schools. The latter, however, still makes home visits where the social circumstances warrant it. The Teacher for the Deaf and the Welfare Officer attend all Assessment Clinics and thus maintain continuity of training where school children are concerned, and liaison with the homes, and deal with social problems which arise.

Five children, born 1951-52, whose mothers had virus infections during early pregnancy, were tested with a pure tone audiometer by the Welfare Officer and all were found to have normal hearing.

Hearing tests by the Welfare Officer were also carried out on 33 cerebral palsied children who attend special schools, 29 were found to have hearing within normal limits ; it was impossible to test accurately the remaining four children because of their severe condition.

Cerebral palsied children attending normal schools or receiving home tuition have not yet been tested.

Peripatetic Teacher of the Deaf

Following the appointment in September, 1957, of the peripatetic teacher for the deaf, each partially deaf child was examined by him and the special problems of each discussed with head teachers and class teachers. In many of the cases seen a favourable position in class enables the children to combine lip-reading and hearing so satisfactorily that a reasonable rate of progress can be expected. Where considered necessary, a hearing aid had already been provided.

In the case of a few children, the absence of specialised help had resulted in :—

- (1) defective speech
- (2) inability to obtain the best results from the hearing aid
- (3) a lack of confidence in the ability to understand instruction in classroom conditions
- (4) retardation in the basic subjects.

The preliminary assessments were completed at the end of October and instruction began in November at the following centres :—

<i>Centre</i>	<i>Pre-school children</i>	<i>Primary children</i>	<i>Secondary children</i>
Stroud	—	4	—
Cheltenham	—	4	1
Lydney	—	1	1
Kingswood	2	2	—
Gloucester	2	3	—

Each child was seen weekly for $\frac{3}{4}$ - 1 hour each. Mothers of young children attended so that the help could be continued at home. Close contact was maintained with the child's school and a very satisfactory degree of co-operation has resulted.

I anticipate that next year the numbers under instruction at the centres will increase and the teacher of the deaf will make regular visits to schools to ensure that earlier suggestions are being followed and to help with any new problems. The provision of an audiometer and a speech training unit will be of great value.

TREATMENT SERVICES

When a child is found to have a defect requiring treatment the matter is referred to the family doctor. If a consultant's opinion is necessary, the family doctor either arranges this or the appointment is made through the School Health Service should the doctor so wish.

In any case both parties are kept informed of developments and treatment where this is provided. The scheme applies to all defects except those of vision and these are referred directly either to the Eye Department of Hospitals or the appropriate Eye Clinic.

As from the 1st May, 1957, those eye clinics still under the Supplementary Ophthalmic Service in the area of the Gloucester, Stroud and Forest Hospital Management Committee were taken over by the Regional Hospital Board. This completed the transfer to the Regional Boards of all ophthalmic clinics in the County. The work of arranging appointments at the majority of these clinics continues to be dealt with by my department.

Minor Ailments

No change occurred in the arrangements during 1957.

Orthopaedic Clinics

The four full-time After Care Sisters were employed in that part of the County covered by the South Western Regional Hospital Board. They work under the instructions of the Orthopaedic Surgeons and closely with the Family Doctors. In the North Cotswold, Northleach and Cirencester areas which are covered by the Oxford Regional Board, all orthopaedic conditions continued to be dealt with through the Hospital Orthopaedic Service.

The following summary gives details of the work done by the four Sisters working in the County area.

(1) Clinics

(a) Consultations :

School children	3,223
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(b) Treatment, etc. :

Classes	1,267
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Heat and Massage	5
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Individual	2,379
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Plaster	85
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Total	3,736
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(2) Children seen at school :

Advice	741
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Treatment	377
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Total	1,118
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(3) Children seen at Home :

(a) Advice :

First visits	226
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Subsequent visits	1,609
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Total	1,835
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(b) Treatment and Plasters :

First visits	99
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Subsequent visits	1,335
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Total	1,434
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Speech Therapy

The establishment of five Speech Therapists remained the same, one being engaged entirely in the Cheltenham Excepted District. Unfortunately the appointment for Cirencester and Stroud was vacant at the commencement of the year and was not filled

until 1st September, although some part-time help was obtained. There was also a vacancy in the Forest of Dean area from the 1st July to the 1st September. At the end of the year there was a full establishment and the staffing difficulties are, of course, reflected in the statistics of work done during the year.

<i>Clinic</i>	<i>No. of Clinics held</i>	<i>No. of sessions for School Visiting Clerical</i>	<i>No. of Consultations</i>	<i>No. of Treatments given</i>	<i>No. of children Admitted</i>	<i>No. of children Discharged</i>	<i>No. of children on Register 31st Dec., 1957</i>
Amberley Ridge...	11	—	14	95	11	1	11
Berkeley ...	—	2	—	—	—	—	—
Bishops Cleeve ...	22	7	8	101	9	2	7
Bourton-on-the-Water ...	18	12	16	62	1	9	19
Brockworth ...	31	7	11	155	5	4	17
Bream ...	35	15	21	68	10	8	18
Cheltenham Borough (5) ...	356	96	112	1,813	66	48	100
Cheltenham County (1) ...	23	11	15	57	6	10	16
Chipping Campden ...	5	2	4	13	3	—	7
Chipping Sodbury	40	12	10	280	9	9	30
Cinderford ...	72	20	19	306	23	15	46
Cirencester ...	13	14	10	50	25	12	38
Coleford ...	34	17	14	146	10	6	26
Coln House ...	7	1	10	48	10	2	10
Dursley ...	13	8	9	60	8	12	22
Filton ...	68	18	20	408	10	10	28
Gloucester (i) Miss Braithwaite	93	57	36	307	15	19	34
(ii) Miss Cameron	36	4	22	149	6	3	19
Hambrook ...	23	6	16	115	4	2	7
Lydney ...	64	26	17	413	31	12	57
Moreton-in-Marsh	11	3	4	36	2	5	7
Newent ...	36	4	8	168	6	8	11
Patchway ...	45	6	6	200	4	6	15
Staple Hill ...	135	21	28	935	27	29	64
Stroud ...	28	20	17	138	35	15	58
Tetbury ...	7	4	7	22	3	—	13
Tewkesbury ...	78	10	28	360	10	18	32
Thornbury ...	45	12	20	180	6	6	18
Tutshill ...	12	3	5	64	4	1	9
Winchcombe ...	27	2	5	117	2	2	5
Wotton-u-Edge ...	13	8	9	69	5	6	17
Miscellaneous ...	—	27	—	4	2	—	6
Total ...	1,401	455	521	6,939	368	280	767

The number of children discharged were classified as follows :

	<i>Stammer</i> <i>Boys Girls</i>		<i>Stammer</i> <i>and</i> <i>Dyslalia</i> <i>Boys Girls</i>		<i>Dyslalia</i> <i>Boys Girls</i>		<i>Cleft</i> <i>Palate</i> <i>Boys Girls</i>		<i>Other</i> <i>Disorders</i> <i>Boys Girls</i>		<i>Total</i>
Provisionally cured ...	17	3	4	—	81	55	4	1	—	—	165
Much Improved	14	4	2	—	22	12	—	—	1	2	57
Slightly Improved/ Unco-operative	2	2	—	—	17	3	1	—	—	—	25
No Improvement	—	—	—	—	2	1	—	—	—	—	3
Left District and School ...	3	2	1	—	11	8	—	1	2	2	30
Total ...	36	11	7	—	133	79	5	2	3	4	280

CARE OF THE HANDICAPPED CHILD

(a) *Blind Pupils*

At the end of the year 8 pupils were in residential accommodation and one was awaiting placement. There has been no difficulty in obtaining places. One pupil has been newly ascertained.

(b) *Partially Sighted Pupils*

At the turn of the year 11 children were receiving residential schooling while 3 awaited placement, but the parents of one had refused. Another child was admitted to Exhall Grange and it is satisfactory that no difficulty is experienced in securing places.

(c) *Deaf Pupils*

Thirty-four children were in residential special schools. Fourteen were in the Royal School for the Deaf, Birmingham, or its Junior Department at Martley, near Worcester, and five at Donnington Lodge, including one new admission. Three children are in a Day Special School at Bristol.

(d) *Partially Deaf Pupils*

Seventeen children were receiving special schooling, including three as day pupils at Bristol, three at Needwood and three at Ovingdean Residential Schools. One new admission was secured during the year.

(e) *Educationally Subnormal Pupils*

At the end of 1957 the waiting list of pupils for day special schools was 210 and for residential special schools 274, a total of 484 children. A total of 299 children were already accommodated, of which eighty were day pupils at Thirlestaine Court and seven at other day schools. The majority of the remainder were at Amberley Ridge or Coln House.

The work of extension at Coln House Special School has been completed but unfortunately the work will not commence on the new school at Filton until the early part of 1959. It is anticipated that Old Dean Hall Day Special School in the Forest of Dean will open in January, 1958. There are at present nine children receiving special educational treatment in Rudolph Steiner Schools. The following table shows the number of children examined and the recommendations made.

Year	Residential Special School	Day Special School	S.E.T. in Ordinary School	Normal (Ordinary School)	Referred to Mental Health Authority			Total No. of Examinations
					Ineducable	Inexpedient to educate with other Children	For Supervision after leaving School	
1945-50	461	17	187	96	257	1	41	1,060
1951	67	3	57	67	46	—	38	278
1952	92	19	52	32	53	—	37	285
1953	86	26	101	26	53	1	47	340
1954	131	122	172	32	54	1	52	564
1955	85	82	137	29	41	—	45	419
1956	99	81	147	19	50	3	77	476
1957	65	114	156	22	37	1	49	444

In addition 27 children were examined during 1957 under Section 57 (5) but it was considered that they would not require supervision after leaving school. There are 140 children awaiting ascertainment.

(f) *Physically Handicapped*

Placing the more seriously physically handicapped children still proves difficult. Seven children have been newly placed during the year. At 31st December, 47 pupils were in special schools and 5 were attending as day pupils at Claremont, the Special School for Spastics in Bristol. Where parents are unwilling for their children to leave home, or if conditions are such that they cannot attend school, home tuition has been provided. In these cases a review of the condition is made annually to decide whether or not the need for home tuition is still evident.

(g) *Speech Defect*

Three children entered the Moor House Special School, Oxted, Surrey, for assessment only and one child was admitted to the School.

(h) *Epileptic Pupils*

Six children are accommodated residentially and four new admissions were made during the year. It has not been difficult to obtain places but the main problem is the distance from Lingfield, Surrey, and Much Hadham, Norfolk, to the homes of the children.

(i) *Maladjusted Pupils*

Ten pupils were in schools for the maladjusted, 20 were in hostel accommodation, including 17 at Cam House. There is still a long waiting list for places in residential special schools and the waiting time remains at about two years. There are 10 children in this category.

(j) *Delicate*

Sixteen pupils are in residential accommodation, 4 although diabetics, were residing in hostels and attending the ordinary schools. One child attends the Day Open Air School at Tuffley, Gloucester.

The number of children receiving tuition in their homes decreased by one to eighteen. They were made up as follows Delicate—8, Physically Handicapped—8, Maladjusted—1, Epileptic—1. Unfortunately one child died during the year.

Sixty-one children were receiving education in hospitals as follows :—

<i>Bristol :</i>	Frenchay Hospital	...	...	...	1
	Royal Hospital for Sick Children	...	...	...	5
	Royal Infirmary	...	...	...	1
	Southmead	...	...	...	2
<i>Surrey :</i>	Queen Mary's Hospital, Carshalton	...	...	...	1
<i>Oxford City</i>	Wingfield Morris Hospital	...	...	...	4
<i>Gloucestershire</i>	Royal Hospital (Infirmary)	...	...	...	3
	Standish Chest Hospital	...	...	...	38
<i>Somerset</i>	Winford Orthopaedic Hospital	...	...	...	6

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes (other than Hospital Schools)

<i>Categories</i>	(1) <i>Blind</i> (2) <i>Partially Sighted</i>	(3) <i>Deaf</i> (4) <i>Partially Deaf</i>	(5) <i>Delicate</i> (6) <i>Physically Handicapped</i>	(7) <i>Educationally Sub-normal</i> (8) <i>Maladjusted</i>	(9) <i>Epileptic</i>	<i>Total</i> (1)-(9)
<i>During 1957</i>	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)	(10)
A. <i>Newly placed in Special Schools or Boarding Homes</i>	— 1	1 1	12 7	117 8	4	151
B. <i>Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes</i>	1 —	2 1	12 10	174 15	4	219

<i>After the end of the Year Categories</i>	(1) <i>Blind</i> (2) <i>Partially Sighted</i>	(3) <i>Deaf</i> (4) <i>Partially Deaf</i>	(5) <i>Delicate</i> (6) <i>Physically Handi- capped</i>	(7) <i>Edu- cationally Sub- normal</i> (8) <i>Mal- adjusted</i>	(9) <i>Epi- leptic</i>	<i>Total (1)-(9)</i>
	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)	(10)
C. On registers of						
(i) Special Schools as						
(a) day pupils ...	1 —	3 3	1 5	130 —	—	143
(b) boarding pupils	8 11	27 14	15 31	156 5	6	273
(ii) on registers of In- dependent Schools under Authority arrangements ...	— —	4 —	— 11	13 5	—	33
(iii) boarded in Homes and not included under (i) or (ii) ...	— —	— —	— —	— 20	—	20
Total C ...	9 11	34 17	16 47	299 30	6	469
D. Educated under Sect. 56 of the Education Act, 1944						
(i) in Hospitals ...	— —	— —	— 14	— —	—	14
(ii) in other Groups (e.g.) units for spas- tics) ...	— —	— —	— —	— —	—	—
(iii) at home ...	— —	— —	8 8	— 1	1	18
E. Requiring places in Special Schools						
(i) TOTAL						
(a) day ...	— —	— —	— —	210 —	—	210
(b) boarding ...	1 3	1 —	3 8	247 10	1	274
Included in the totals above those .						
(ii) who had not reach- ed age of 5 :						
(a) awaiting day places ...	— —	— —	— —	— —	—	—
(b) awaiting board- ing places ...	— —	1 —	— —	— —	—	1
(iii) who had reached age of 5 but whose parents refused consent for their admission to a special school : ...						
(a) awaiting day places ...	— —	— —	— —	12 —	—	12
(b) awaiting board- ing places ...	— 1	— —	1 4	52 1	—	59
F. On registers of Hospital Special Schools ...	— —	— —	— —	— —	—	43

CHILD GUIDANCE

In the Northern part of the County the service continued to operate under the direction of Dr H. S. Coulsting. An additional psychiatric social worker was appointed with effect from the 1st April and the team thereafter consisted of psychiatrist, educational psychologist and two psychiatric social workers. The provision of more adequate accommodation in Gloucester continued as a difficulty until on the 3rd September the Clinic moved to new premises in Southgate Street provided by Gloucester City Education Authority. These were a considerable improvement but unfortunately traffic noise is a difficulty. Due to sickness there was a shortage of time and the referral to the waiting list has meant a time lag for dealing with cases of approximately three months. The Clinic throughout the year operated at Cheltenham, Gloucester, Stroud and Cirencester.

Cam House Hostel continued to be supervised and was routinely visited for a half day per fortnight by the Medical Director, the Educational Psychologist visiting as required. The children admitted are, in addition to being emotionally disturbed, also educationally disturbed. It is becoming apparent that greater attention is required to overcome this educational difficulty.

The demands for the service have continued heavy and it would appear that the referral rate for under fives has considerably increased. The reasons given for this are the greater use being made of the service by general practitioners. A disturbing item is the increase of cases referred to as school phobias. This is not, of course, restricted to the County but is a reflection of a national trend into which considerable effort and research is going at the moment to determine the motivation involved.

Cheltenham and North Gloucestershire Child Guidance Clinic

	<i>Cheltenham</i>	<i>County</i>
1 No. of Cases on Diagnostic Waiting List at the beginning of the year	17	30
2 No. of Cases on Treatment Waiting List at the beginning of the year	4	7
3 No. of Cases in Treatment at the beginning of the year	18	39
4 No. of Cases referred during the Year	64	219
5 No. of First Appointments offered and not accepted	4	17
6 No. of Cases seen for Full Diagnosis	41	116
7 No. of Cases seen for Partial Diagnosis	9	34
8 No. of Cases Diagnosed but not Treated	16	52
9 No. of Old Cases re-opened	2	7
10 No. of Cases Treated during the Year	80	201
11 No. of Cases Closed	8	17
12 No. of Interviews during the Year :—		
(a) Psychiatrist	237	477
(b) Educational Psychologist	162	345
(c) Psychiatric Social Worker (1)	89	163
(d) Psychiatric Social Worker (2)	103	140
13 No. of School Visits :—		
(a) Psychiatrist	1	3
(b) Educational Psychologist	24	87
(c) Psychiatric Social Worker (1)	—	—
(d) Psychiatric Social Worker (2)	—	1

					Cheltenham	County
14	No. of Home Visits :—					
	(a) Psychiatrist				2	26
	(b) Educational Psychologist				—	5
	(c) Psychiatric Social Worker (1)				14	20
	(d) Psychiatric Social Worker (2)				12	15
15	Disposal of Cases Transferred :—					
	(a) Awaiting Maladjusted School				2	4
	(b) Placed at Maladjusted School				—	4
	(c) Awaiting Hostel placement				1	—
	(d) Placed at Hostel				11	6
	(e) Placed at Boarding School				—	1
	(f) Approved School placement				1	1
	(g) Left District				—	10
16	No. of Cases in Treatment at the end of the Year				17	51
17	No. of Cases on Treatment Waiting List at end of Year				5	10
18	Diagnostic Waiting List at the end of the Year				23	47
19	Total Attendances (1693)					
20	Analysis of Diagnosed Cases :—					
	(a) Conduct Disorder				26	62
	(b) Habit Disorder				6	26
	(c) Nervous Disorder				2	9
	(d) Educational and Vocational				12	50
	(e) Mental Deficiency				—	2
	(f) Psychoses				—	3
	(g) Physical Disorder				1	3
21	State on Closure :—					
	(a) Much Improved				5	6
	(b) Improved				1	5
	(c) Unchanged				2	5
	(d) Deteriorated				—	—
22	Ascertainment Only				4	21

South Gloucestershire Child Guidance Service
Contributed by Dr K. C. P. Smith (Medical Director of The South County
Child Guidance Service)

The following changes in staff took place during the year. Mrs Ridley joined us as part-time Psychologist in February, in place of Mr Freyman, who moved to Middlesbrough ; later Miss Winchurch left to get married, and Mrs George was appointed in her place and took up her appointment in late Autumn after a few weeks gap.

The report this year shows certain changes in emphasis. Although slightly fewer cases were referred and slightly fewer new cases seen during the year, on the whole the work for the whole team was increased because there were many fewer cases of assessment or ascertainment only, and more in which the whole clinic team were engaged. Referrals from the School Medical Officer went from 63—90, but cases of backwardness and retardation dropped from 44—8. There was an appreciable increase in behaviour disorders and enuresis. Treatments completed during the year rose from 83—111.

Once again Clinics were held each Wednesday at Rodway Road, Patchway, and each Friday at the Centre at Morley Road, Soundwell, and it was also possible to make up for holiday gaps by making some Saturday morning appointments for the Medical Director at each Clinic, for those families who found it specially difficult to attend on any other day.

During the year the Medical Director gave a number of talks to Parent/Teachers Associations and other interested bodies.

New Cases Referred : Total	132
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Source of referral :

1	School Medical Officer	90
2	Chief Education Officer	—
3	Headmasters	...	...	...	...	...	...	6
4	G.P.'s	...	...	...	...	...	...	14
5	Probation Officers	...	...	...	...	...	...	4
6	Juvenile Court	...	...	...	...	...	...	—
7	Speech Therapist	...	...	...	...	...	...	—
8	Parents	...	...	...	...	...	...	11
9	Other Clinics	...	...	...	...	...	...	5
10	Other Bodies	...	...	...	...	...	...	2

Type of case referred (Some cases referred for more than one type of disorder)

(a)	Behaviour disorders	...	...	...	...	...	...	93
(b)	Personality disorders	...	...	...	...	...	...	3
(c)	Enuresis	...	...	...	...	...	...	36
(d)	Backwardness and retardation	...	...	...	...	...	...	8
(e)	Psychological test and ascertainment only	...	...	...	...	...	...	—
(f)	Stammer and tics	...	...	...	...	...	...	1
(g)	Psycho-somatic	...	...	...	...	...	...	—

Active Cases Brought forward from last year	...	...	...	...	...	...	...	144
Cases awaiting First Appointment at beginning of year	...	...	...	...	...	...	...	6
Cases awaiting First Appointment at end of year	...	...	...	...	...	...	...	12
Number of First Appointments offered but not accepted or did not attend	...	...	...	...	...	...	...	7
Active Cases (on Treatment/Observation) carried forward	...	...	...	...	...	...	...	128
New Cases seen during year	...	...	...	...	...	...	...	116
Cases Closed	...	...	...	...	...	...	...	150

Reasons for closure :

1	Ascertainment or advice only	...	...	...	...	...	...	15
2	Treatment completed	...	...	...	...	...	...	111
3	Recommended for special education or otherwise (Cam House)	...	...	...	...	...	...	5
4	Removed from district and/or referred to other agencies and/or school leaving	...	...	...	...	...	...	9
5	Closed on parents request	...	...	...	...	...	...	3
6	Non co-operation or Uneventuated	...	...	...	...	...	...	7

State on closure :

(a)	Improved before appointment	...	...	...	...	...	...	3
(b)	Improved	...	...	...	...	...	...	130
(c)	Unchanged (i) Treatment unsuccessful	...	...	...	...	...	...	3
	(ii) Other reasons	...	...	...	...	...	...	10
(d)	Not known (Non-attendance, etc.)	...	...	...	...	...	...	4

Number of Interviews :								
Psychiatrist	...	...	...	...	...	...	...	1,228
Educational Psychologist	...	...	...	...	...	...	...	376
Social Worker	...	...	...	...	...	...	...	574
<i>Classification of Interviews :</i>								
Clinic :								
Psychiatrist	...	...	...	...	...	...	...	1,228
Educational Psychologist	...	...	...	...	...	...	...	299
Social Worker	...	...	...	...	...	...	...	37
Total Clinic Attendances								1,564
School Visits :								
Educational Psychologist	...	...	...	...	...	...	...	65
Home Visits :								
Social Worker	...	...	...	...	...	...	...	537
Other visits and interviews :								
Educational Psychologist	...	...	...	...	...	...	...	12

MILK IN SCHOOLS SCHEME

At the 31st December, 1957, the number of schools receiving pasteurised milk (all types of school) was 412. Raw Tuberculin Tested milk 12. This figure shows a reduction of 6 in the number of schools receiving Raw Tuberculin Tested milk, and such a policy is supported by the figures in the succeeding paragraphs.

Owing to the number of unsatisfactory samples obtained from four schools all supplied with Raw Tuberculin Tested milk, by one supplier, he was requested to change over to a Pasteurised supply.

During the period of this report the number of samples of milk submitted from Schools was :

Pasteurised	...	...	783
Raw Tuberculin Tested	...	...	45

Of the Pasteurised Milk Samples taken all but two passed the prescribed tests. In contrast 13 (29%) of the Raw Tuberculin Tested Milk Samples failed the keeping quality test.

As all Raw Milk Samples are submitted for Biological examination it is pleasing to report that no evidence of Tubercle Bacilli was found in any of the samples. Two of the samples were found to be infected with the germs of *Brucella Abortus*. On receipt of this information the Raw Milk supply was immediately discontinued and a Pasteurised Milk was submitted.

The position on 31st December, 1957, was as follows :—

			Pasteurised	T.T.	Non-Designated	Total
Maintained and Assisted Schools	...	...	412	12	—	424
Polish Schools	...	...	3	—	—	3
Non-Maintained Schools	...	...	78	2	—	80
Percentage of children on roll taking milk :—						
Maintained and Assisted Schools	...	...	...	...	79.3%	
Polish Schools	...	...	...	...	95.6%	
Non-maintained Schools	...	...	...	...	90.2%	
All Schools	...	...	...	...	80.4%	

SCHOOL MEALS SERVICE

- (a) Number of meals served 7,500,000 (approx. 39,000 per school day)
- (b) Percentage of children on roll receiving meals—53%
- (c) Percentage of children dining who receive free meals—6.5%
- (d) Percentage of children dining who receive half cost meals—1.3%
- (e) Percentage of children on roll for whom a meal was available on 31st December, 1957—100%
- (f) Number of school canteens and central kitchens in operation on 31st December, 1957 :—

241 self-contained canteens
146 Dining Centres
8 Central Kitchens

- (g) Number of schools without a meals service on 31st December, 1957—Nil.

Food Hygiene

In the course of the year the County Public Health Officer and his Assistant routinely inspected school canteen premises and in addition to deal with special problems, and where cases of suspected food poisoning arose, special visits were made. When a satisfactory standard is not being maintained the Chief Education Officer is informed. It is gratifying to be able to say that most of the defects have been remedied. The County Public Health Officer reports that the standard of care of food observed during his numerous visits was high. Despite the restriction in finance considerable progress was made to achieving the standard required by the Food Hygiene Regulations, 1955.

TUBERCULOSIS

Mass X-Ray Examinations

Results of examinations of scholars by the units in the course of the year are shown below.

<i>Miniature Films</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number Examined	2,046	2,706	4,752
Total Recalled for Further Examination	29	28	57
Did Not Attend	1	1	2
Normal	25	24	49
Significant	3	3	6
Being Investigated	—	—	—

<i>Tuberculous Conditions</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Active Tuberculosis	—	—	—
Inactive Tuberculosis	3	2	5
Under Observation	—	—	—

None of the abnormal cases referred to above had been previously detected. The only Non-tuberculous condition found was a Congenital Cardiac Lesion affecting a girl.

The following information has been supplied by the Chest Physicians responsible for the North Gloucestershire Chest Clinics in respect of school children found to be suffering from tuberculosis during the year.

Age Groups	Pulmonary		Menin-geal	Miliary	Cervical Glands	Abdomi-nal and Hip	Total
	Primary Complex and Sequelae	Phthisis					
5-9	2	—	—	—	—	1	3
10-14	4	1	—	—	3	—	8

Analysis of above cases

1. Mode of Diagnosis :	Contact Pick-up	...	...	...	...	2	
	Mass X-ray examinations	...	...	...	...	—
	Hospital and others	...	...	...	...	5	
	General Practitioner	...	...	...	...	4	Total 11
						—	

2. Cases with a known source of infection 5

The following is a statement of the children admitted to and discharged from Standish Chest Hospital.

Admissions	Respiratory	...	14	
	Non-Respiratory	...	16	
			—	
			30	(Non-tuberculous 65)
Discharges	Respiratory	...	18	
	Non-Respiratory	...	16	
			—	
			34	(Non-tuberculous 72)

Number of children remaining in Hospital on 31st December, 1957 :

6 Respiratory and 9 Non-Respiratory
Non-tuberculous 25

INFECTIOUS DISEASES

The following table shows the number of children reported by head teachers as suffering from infectious diseases.

Disease					1957	1956	1955
Scarlet Fever	...	...	...	...	164	298	364
Diphtheria	...	...	...	...	—	—	—
Measles	...	...	...	...	3,167	892	4,687
German Measles	...	...	...	...	193	473	143
Whooping Cough	...	...	...	...	875	501	908
Mumps	...	...	...	...	2,352	1,088	2,129
Chicken Pox	...	...	...	...	1,767	2,524	1,844
Tuberculosis	...	...	...	...	1	—	5
Ringworm	...	...	...	...	36	35	84
Impetigo	...	...	...	...	166	245	410
Scabies	...	...	...	...	10	9	22
Others (Colds, etc.)	...	...	...	...	16,438	3,595	2,951
Total					25,169	9,660	13,639

These figures do not include the Cheltenham Excepted District.

The large number under the heading "Others (Colds, etc.)" is due to the pandemic of Asian Influenza which was experienced in September and October. It was a mild form of the illness. Its course and other characteristics were similar to those noted in other parts of the country. There were two deaths of school children.

Food Poisoning

Sporadic cases and small outbreaks of short and sharp, indeterminate, stomach and bowel upsets have been notified by schools during the year. Cases have been mild with the occasional adult involved. The School Meals Service was not found at fault in any instance. In practically all instances the District Medical Officer of Health reported that the outbreak was not restricted to children in attendance at School.

From the corrected notifications of infectious diseases for 1957 there was a total of only 8 children notified as suffering from food poisoning, 6 girls and 2 boys.

Diphtheria

During the year 841 school children were immunised for the first time and 8,094 received maintenance doses. The percentage of children aged 5 to 14 years who have been protected was maintained at 74.2%.

Poliomyelitis

During the year 15 children in the 5 - 15 group were notified as suffering from acute anterior poliomyelitis, 10 of these being paralytic and 5 non-paralytic. This compares with a total of 7 cases (3 paralytic) in 1956 and 16 (10 paralytic) in 1955. The figures refer to confirmed cases from corrected notifications.

16,321 children, aged 1 to 10 years, received their second injection of poliomyelitis vaccine, making a total of 18,491 protected since the scheme commenced in 1956. At the end of the year 3,145 children required second injections and 22,049 registered were awaiting their first injection.

B.C.G. VACCINATION

(i) The procedure described in the Annual Report for the year 1955 has continued and the following table gives details of the results during the last three years. The "grand total" refers to all children who have been tested since the scheme was extended to 13 year olds in October, 1954.

	1955			1956			1957			Grand Total
	County	Cheltenham	Whole County	County	Cheltenham	Whole County	County	Cheltenham	Whole County	
No. of Schools concerned	43	9	52	50	9	59	61	10	71	71
Invited	3,085	1,265	4,350	3,629	972	4,601	5,984	962	6,946	16,498
Accepted	1,894	591	2,485	2,331	425	2,756	3,871	375	4,246	9,797
Tuberculin Tested	1,655	565	2,220	2,113	379	2,492	3,709	368	4,077	9,054
Positive	382	111	493	517	67	584	699	59	758	1,898
Negative	1,273	454	1,727	1,596	312	1,908	3,010	309	3,319	7,156
Percentage Positive	23%	19.6%	22.2%	24.5%	17.7%	23.3%	18.8%	16.0%	18.6%	21.0%
Not Vaccinated	10	2	12	15	—	15	26	—	26	58
Vaccinated	1,263	452	1,715	1,581	312	1,893	2,984	309	3,293	7,098

(ii) The authority has continued to participate in the Oxford Regional Hospital Board's Survey of B.C.G. and the Record Officer has provided the following summary of record cards dealt with during 1957. These figures do not include children who were awaiting conversion tests on the 31st December.

									<i>No. of Children</i>
(i)	Tuberculin Tested	...	...	...	...	...	...	...	3,334
(ii)	Positive	...	...	...	...	...	...	...	726
(iii)	Negative	...	...	...	...	...	...	...	2,608
(iv)	Vaccinated	...	...	...	...	...	...	...	2,605

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING FOR TEACHING AND THE TEACHING PROFESSION

Applicants for entry to courses of training are required to be examined medically concerning their fitness to follow the course. A recent X-ray examination of chest is required in all cases.

Intending entrants to the teaching profession are also required to submit to medical examination and a chest X-ray, and appropriate standards of fitness are demanded.

Teachers appointed by the authority are also X-rayed if no recent report is available as part of their medical examination.

A considerable number of these examinations have been carried out during the twelve months under review.

RECUPERATIVE HOLIDAY HOMES

Forty children were admitted to Recuperative Holiday Homes normally for minimum periods of four weeks.

HOLIDAY CAMPS FOR DIABETIC AND EPILEPTIC CHILDREN

Facilities were again offered to diabetic and epileptic children for holidays, but for various reasons the parents of only two children accepted the offer this year. Arrangements were made for these children to spend a fortnight at the British Diabetic Association Camps at Deal and Harrogate.

REPORT OF SCHOOL HEALTH SERVICE FOR CHELTENHAM EXCEPTED DISTRICT

Dr T. O. P. D. Lawson, Borough Medical Officer of Health

The staff of the Cheltenham School Medical Department includes two School Doctors and three School Nurses, who carry out the duties under the Borough School Medical Officer.

(I) Medical Inspection at the Schools

All children admitted to the Infant Schools are examined for defects during their first year at school and full examinations are also made at 8 and 14 years. Additional periodic inspections are made at 12 years. The age group for examination in the Secondary

Schools are somewhat different and depend on the age at which children usually leave these schools.

Parents are invited to be present at these examinations and if defects are found the children are referred to the family doctor and are re-inspected at school two or three times during the year if necessary.

(2) School Clinic and Treatments

MINOR AILMENTS. The Central Clinic is open on the afternoons of Monday, Wednesday and Friday and on Saturday morning for children brought by parents or referred by teachers for the treatment of abrasions, skin diseases, ringworm, etc. The School Doctors supervise the treatments and, when desired, examine children brought by parents.

Additional clinics are held at Whaddon School on Tuesday afternoons, at Elmfield School on Thursday afternoons, at Lynworth School on Monday afternoons and a clinic is also held at St Paul's School once a week. During the school holidays clinics are held each morning during the week at the Municipal Offices.

(3) Prevention of Tuberculosis

B.C.G. Vaccination against tuberculosis was commenced in October, 1954. The procedure is identical with that of the County. A scheme for tuberculin jelly testing of school entrants organised at the beginning of 1955 is still in operation. A Health Visitor calls on the parents of positive reactors and makes appointments for the Mass X-ray Unit. The scheme is now an accepted feature of the first school medical examination. The follow-up of positive reactors to the Mantoux test at 13 years is identical. In addition appointments for X-ray are given to all school leavers during their last school term.

The tuberculin jelly testing of all school entrants is producing negligible results in so far as its main purpose is to reveal new cases of tuberculosis and in this our experience is fortunate. It is however becoming general in other areas along with the decline in the number of notified cases. The discontinuance of this test as a routine procedure is now being considered. It would of course be retained in those cases where considered necessary. School children can now be adequately covered by tuberculin testing and B.C.G. vaccination between the ages of 13 and 14 years.

(4) Ascertainment of Educationally Sub-normal Children

Excellent co-operation has been maintained with the Day Special School. In addition to the normal ascertainment before entry to the school, children whom the headmaster considers could be sent back to the ordinary school are re-ascertained each term by the School Medical Officer. Several children have already been returned to the ordinary school.

The removal of children over 12 years from the Day Special School to continue their education in Gloucester is unfortunate but cannot be remedied until the Ministry of Education give permission for the building of a secondary E.S.N. school in Cheltenham.

(5) Diphtheria Immunisation

For the third successive year the rate of diphtheria immunisation in Cheltenham school children has increased.

(6) Dental Treatment

The school dental service continues to function satisfactorily and adequately with two full time dental officers and dental attendants.

(7) *Orthopaedic Defects*

A Physiotherapy Clinic is available as part of the School Health Service. Children can be referred for exercises and ultra-violet light treatment. Progress is watched and children are re-inspected at school.

(8) *Speech Defects*

One full time speech therapist is employed and regular sessions are held at the central clinic and in schools throughout the town.

(9) *Poliomyelitis Vaccination*

Poliomyelitis vaccination has continued throughout the year in the 2 - 9 years age group. Progress has only been limited by the availability of the vaccine and all outstanding applications are being dealt with as quickly as possible.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Mr J. F. A. Smyth, L.D.S.

Annual reports on the school dental service in the great majority of authorities contain two continually recurring themes : shortage of staff and an increase in the incidence of dental decay. Few, if any, authorities are able to carry out the duty laid down by the Education (Miscellaneous Provisions) Act, 1953, to provide "comprehensive facilities for free dental treatment" by their own dental officers. The total strength of school dental officers has remained roughly constant during the past five years, and is little more than one-third of that needed to fulfil the requirements of the Act. Nor is the position likely to improve substantially in the near future. The Committee on Recruitment to the Dental Profession in 1956 found that the average age of the profession was 55 years, and estimated that more than half the existing names on the Register would be lost (due to retirement or death) during the ensuing ten years. The number of dentists qualifying, and indeed the number of places available in the dental schools, were found to be insufficient to replace these losses. Although applications for training in dentistry are now most satisfactory (due no doubt largely to the encouragement of heads of secondary schools) the total manpower is expected to decline sharply during the next five years since existing accommodation in the dental hospitals is far below requirements.

These considerations, coupled with the alarming increase in the incidence of dental decay since 1947, have added urgency to the thoughts of those concerned with prevention. The main *raison d'être* of the school health service, as of all local authority health services, is prevention rather than treatment of established defects, although it can be postulated that early treatment of defects minimises their seriousness. Notable success in prevention has been achieved in almost all diseases of children, except for dental decay. Medical, dental and lay people normally think of bad teeth in connection with treatment, and the Education Acts and Regulations made under them, reflect this attitude of mind. The Report of the New Zealand Commission of Inquiry on the Fluoridation of Public Water Supplies (1957), however, states that "the incidence of dental disease (in that country) is so widespread and severe that it constitutes a major problem in public health." Precisely the same might be said of this country, and the only logical conclusion is that it is the duty of every health authority to concentrate primarily on prevention. Although this has been said on occasions in past years, it is only recently that concentrated attention has been focussed on the prevention of dental disease.

Three methods of controlling decay appear to be effective : an optimum concentration of fluoride in the water supply, limitation of the intake of sugar (in all forms) between meals plus oral hygiene, and thirdly very early treatment of incipient dental defects, and the real value of the last has been called in question.

All available evidence shows that where an optimum quantity of fluoride is present in the water supply, whether occurring naturally or added artificially, a significant reduction takes place in the incidence of decay, even up to 60% among children, without any undesirable side-effects on general health. This evidence was reviewed exhaustively by the New Zealand Commission of Inquiry, who reported unanimously in favour of fluoridation. In this country four demonstration schemes are in operation, in Anglesey, Watford, Kilmarnock and Andover. Very great opposition has been encountered in each area from small but powerful " pressure groups." At the moment, the proposed amalgamation of Water Undertakings would make Water Boards in the County hesitate to add fluoride to water supplies. What can and should be done, however, is to bring the real facts before the public so that a positive demand for fluoridation may be created.

In dental health education there has been a welcome increase in material appearing in the Press and on radio and television. In this County, increasing efforts have been made in this direction, the dental hygienist, Mrs Judd, playing a notable part. In June an exhibition was staged at the Three Counties Show, and attracted no little attention. Film strips with tape recorded commentaries proved most successful, and useful experience was gained in the type of exhibit which appeals to the public. As a result, sets of slides are being prepared to enable a simple and convincing story to be given to the public. Three rules for dental health are emphasised—no sweet or sticky things between meals, mouth rinsing after meals, and cleaning teeth last thing at night, with nothing sweet to eat or drink afterwards. The laboratory is producing visual aids, such as giant models and teeth. Results so far have been encouraging, although it is impossible to assess real effects except over a long period. It has, however, been interesting to note that in some schools, in which the hygienist has given talks and treated a number of pupils, the standard of oral hygiene is markedly higher than in schools with similar types of children elsewhere in the County. In order to determine comparative rates of decay, however, a carefully conducted caries survey lasting some years would be required, and time has so far not been found for this.

The third method of prevention (by very early treatment) has proved almost impossible because the dental officers are, in most areas, overwhelmed with the necessity to relieve pain and sepsis and to treat advanced or well-established decay. The General Dental Council has, however, been instructed to undertake an experiment in the use of ancillary workers trained to fill teeth and extract deciduous teeth. The precise duties of these ancillary workers and the scope of the experiment have yet to be decided, but if they are to be employed in this " preventive treatment " and the experiment proves successful, a real advance in this field will be possible.

Turning to a review of the year, the dental staff remained on average at about the same level as in 1956. A total of 97 less sessions was worked (equivalent to 0.2 of a dental officer) but this was mainly owing to illness. Greater demands for treatment for expectant and nursing mothers, however, reduced the amount of time available for school children, and approximately 196 less sessions than in 1956 were devoted to them. On December 31st the whole-time staff showed an increase of one officer, but the part-time staff was reduced by 0.2. As in previous years, temporary posts were offered, where possible, to newly qualified men awaiting call-up for national service.

The statistical table giving the totals of treatment carried out appears at the end of this Report, but some comment and amplification is required. In general, the figures follow very closely the pattern of the last two years.

Inspection of schools

	1951	1952	1953	1954	1955	1956	1957
Percentage of School population inspected	19% (Routine) 23% (Routine & Special)	23% (R) 28% (R. & S.)	34% (R) 40% (R. & S.)	29% (R) 37% (R. & S.)	41% (R) 49% (R. & S.)	41% (R) 49% (R. & S.)	41% (R) 48% (R. & S.)
Percentage found to require treatment	83%	81%	78%	79%	80%	79%	79%
Percentage treated of those offered treatment	78%	71%	70%	71%	65%	69%	61%

It will be noted that the proportion of children inspected still implies an average interval of $2\frac{1}{2}$ years between inspections. Miss MacKinnon (North Cotswold area) comments on the effects as follows :—" I find that many children of about 8 years of age have first permanent molars hopelessly decayed. These teeth would have been unerupted or caries free when seen 2 years earlier. The results in many cases are deplorable." Infrequent inspections naturally discourage some parents from accepting treatment. Mr Pengelly (Dursley area) says, " There has been a tendency in a few schools to accept treatment only when children have toothache. This has meant the loss of more first molars and other teeth than should have been the case." On the other hand he notes that " the general oral condition in the area has improved since more regular inspections and treatment have been carried out, in spite of the increase and rapidity of caries."

Of the 26,501 children recorded as requiring treatment, 3,912 were not offered treatment. Of these, 1,736 were believed to be receiving regular and complete treatment from general practitioners and form a little less than 8% of the total requiring treatment. Again, this corresponds to the findings last year. The remainder of those not offered treatment had defects of the temporary teeth, which could not be dealt with conservatively owing to demands of more urgent work.

The acceptance rate continues to drop, partly due to infrequent inspections and partly to availability of other Services. Mr Richards (Filton and Patchway) says, " the acceptance rate in Secondary Modern schools is disappointing, and very few children are attending private dentists for regular conservation."

Treatment

Treatment per 100 children treated

	1951	1952	1953	1954	1955	1956	1957
Fillings— Permanent teeth	115	120	150	150	170	170	172
Fillings— Temporary teeth	21	24	30	18	19	15	14
Total Extractions	130	130	130	130	160	154	151
Ratio of permanent teeth filled to permanent teeth extracted for caries	6.8 to 1	6.8 to 1	6.6 to 1	6.3 to 1	5.9 to 1	5.0 to 1	5.2 to 1

It will be noted from this table that the treatment pattern was similar to the previous two years. Although more permanent teeth per child treated were filled, the ratio of teeth saved to those extracted is well below the 1952 level. It must again be pointed out that the number of temporary teeth filled is no index of the need for this work, but rather of the lack of time available for it. As Mr Pengelly (Dursley area) points out, "Deciduous teeth must be carefully selected for filling. Well planned extractions often lead to fewer teeth being lost ultimately than if badly selected teeth are filled."

Details not shown separately in Table V are as follows :—

Dressings :	Permanent Teeth ...	...	2,657
	Temporary Teeth ...	...	725
Silver Nitrate Treatments	...	...	587
Crowns	...	...	5
X-rays	...	...	705
Scalings	...	...	429
Dentures	...	...	196
Local Anaesthetics	...	...	4,435

Orthodontic Treatment

Mr F. McGonigal, County Orthodontist, reports as follows :—

"The results of treatment on many varied cases are beginning to show, and are most encouraging. This does not mean that the results are as yet stable, but stability cannot be assessed for many years. Retention appliances are in use, and in some cases, where possible, the working appliance is being used for retention. This has resulted in a waiting list of three, six and twelve monthly recalls, which, on being added to that of those awaiting treatment seems formidable. I would say that parents are becoming more

“tooth conscious” in relation to appearance, which is of real importance, although orthodontia is not primarily an aesthetic art.

“One of the most difficult questions is that of the age at which treatment should commence. As has been stated elsewhere, generally speaking, treatment in the early years before the age of 8 may be largely preventive and should be directed towards the elimination of harmful habits and the correction of any obvious local anomaly which may be a forerunner to wrong intercuspal relationship or the means of inhibiting growth locally.

“Removable appliances continue to play the greater role in treatment in this County. The reason for this was explained in my last Report. The weakness of this type of appliance is its susceptibility to loss and breakage. The Schwarz appliance has come more to the fore in this year, and the results have been encouraging. It has many uses and gives the patient an active interest in the work being carried out. I find that most children have a delight in correcting their own anomaly, provided the purpose and the probable cause are explained on the study models.

“The number of fixed appliances has increased this year. It is most important to select the patient for this type of treatment. The oral hygiene must be such that no harm can accrue through the patient not obeying instructions in cleaning.

“Extraction is still a necessary adjunct to orthodontic treatment. Opinions vary in this matter and there has been a recent trend again that extraction is unnecessary. The choice of tooth is very important, depending on the estimated life of the teeth under consideration and the increase in time by which a reasonable result may be obtained, especially in older children.

“During the year, a scheme, whereby the Orthodontist was given part-time facilities in the Orthodontic Department of the Bristol Dental Hospital, was inaugurated. Patients from the South of the County were seen in conjunction with the Consultant Orthodontist. The advantages of this scheme both to the patients and to myself are obvious and I would like to thank all those concerned in making this possible. Co-operation between the County dental service and the Hospital continues on excellent terms and many patients are treated there surgically.”

The figures of orthodontic treatment are given in Table V, but require comment. The small number of cases completed is explained earlier, in that although active treatment may be completed, the patient cannot be dismissed until final stability is assured. The apparently large number of cases discontinued includes children who have left the County or transferred to other authorities. It is, in fact, difficult to give statically a complete picture of an orthodontic service owing to the long-term treatment and observation involved.

Reports from dental officers, however, confirm Mr. McGonigal's claim that most encouraging results are being obtained. This is all the more creditable since the work in several centres is carried out in difficult and unfavourable conditions. The greatest deficiency in accommodation is the lack of an orthodontic central clinic in Gloucester. Highest priority should be given to this during 1958, and it is hoped that suitable premises will be available before the end of the year. Facilities will be available in the new clinics at Dursley and Cirencester and an extra surgery is to be installed at Staple Hill Clinic. These improvements will ease certain difficulties in this service, but with only one officer for the whole of the County excessive time is necessarily spent in travelling, incurring also fatigue and increased cost. It is, therefore, again recommended that attempts be made to obtain the services of at least a part-time orthodontist for the South of the County. To meet fully the need and demand for this treatment two whole-time officers would be required.

General Anaesthetics

Excluding Cheltenham, 189 "gas" sessions were attended by specialist or general practitioner anaesthetists, while dental officers gave anaesthetics for 141 sessions. In Cheltenham, approximately half the sessions were attended by Borough medical officers. Vinyl ether administered with the Oxford inhaler was usually the anaesthetic of choice for younger children, nitrous oxide with a high oxygen percentage (with or without Vinesthene "drip") being used for older patients.

Oral hygienist

As stated earlier, Mrs Judd spent a considerable proportion of her time on dental health education. Although only four talks were given in schools, individual instruction was given to all her patients, and she visited a boys' Home and gave a talk to a parent-teacher association. (Dental officers addressed four other such meetings). 29 sessions were spent in the preparation of dental health education material. Figures of her treatment sessions are given as an addendum to Table V.

Considerable time is spent in travelling, since the hygienist visits clinics and centres in all parts of the County. Further, the request for evening talks to parent-teacher associations and other bodies is rapidly increasing, and appears likely to strain existing resources severely. The appointment of a second hygienist is now justified.

Laboratory

Satisfaction with the standard of work is again expressed in reports from all dental officers. As mentioned earlier, giant models of different types were produced as visual aids for dental health education. The interesting technical problems involved were dealt with successfully by Mr Hopkins and his staff. The total work for school children is given in the table below. In addition the laboratory makes dentures for expectant and nursing mothers and appliances for the hospital dental staff in the North Gloucestershire clinical area.

<i>Orthodontic Appliances</i>	<i>Dentures</i>	<i>Repairs</i>	<i>Crowns</i>	<i>Study Models</i>	<i>Other Mechanical Operations</i>	<i>Total No. of Operations</i>
479	196	46	7	837	26	1,591

Clinics

Although Tewkesbury clinic was almost completed by the end of the year, it was not operational till January, 1958. Premises were obtained for a clinic at Moreton-in-Marsh, and financial provision was made for Dursley clinic and a new one at Cirencester to replace "The Beeches." The outstanding need now is for new and enlarged accommodation in Gloucester.

Conclusion

My grateful thanks are due to all members of the dental team, who have co-operated during the year to enable the dental service to function efficiently within the limits of available man-power. I also wish to thank head teachers for their continued interest and help, and all members of the staff of the Health Department who deal with dental matters.

SCHOOL CLINICS

Clinics are held at the following centres :

<i>Clinic</i>	<i>Address</i>	<i>Services</i>
Berkeley	High Street	S
	Hospital	E, ENT, O
Bishops Cleeve	Women's Institute	O
Bourton-on-the-Water	County Clinic	S, O
	Hospital	E
Charlton Kings	Child Welfare Centre	O
Cheltenham	Civic Playhouse Lounge	O
	County Dental Clinic, 1 Royal Crescent	D
Chipping Sodbury	Ridgewood	D, E, O, S
Cinderford	17 Station Street	D, E, O, S
	Dilke Memorial Hospital	ENT
Cirencester	Abbey Way Clinic	S
	The Beeches	D
	Memorial Hospital	E
Coleford	County Clinic	D, E, O
Dursley	25 Woodmancote Road	D, E, ENT, O, S
Filton	Shield Road	D, E, O, S
Gloucester	19 Bearland	CG, D, M, O
	Langham House, 18 Berkeley Street	S
Kingswood	High Street	D
Lydney	Church Road	D
	Forest Road	S
	Hospital	E, ENT, O
Moreton-in-Marsh	District Hospital	E
	Church Hall	S
Newent	County Clinic (Picklenash School)	D, O, S
Northleach	Oak House	O
Patchway	Rodway Road	CG, D, S
Prestbury	St Mary's Church Hall	O
Soundwell	Soundwell Road, Kingswood	E, M, O
Staple Hill	Morley Road	CG, D, S
Stonehouse	Community Centre	O
Stroud	Old Town Hall, The Shambles	CG, M, O, S
	9 John Street	D
Tewkesbury	Old Grammar School (County Clinic)	O, S
	Hospital	E, O
Thornbury	Hospital	E, O, S
	County Dental Clinic, 6 Horseshoe Lane	D
Winchcombe	Nursery School	O
Winterbourne (Hambrook)	County Clinic (County School)	D, E, O
Wotton-under-Edge	Sym Lane	D, E, O, S
Cheltenham Excepted District		
	Central Clinic, Royal Well Road (rear of Municipal Offices)	CG, D, M, O, S

Index to Services

CG ...	Child Guidance	D ...	Dental
E ...	Eye	ENT ...	Ear, Nose, Throat
M ...	Minor Ailments	O ...	Orthopaedic
S ...	Speech		

TABLE I

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS)**

A.—Periodic Medical Inspections

Age Groups inspected and Number of Pupils examined in each :

Entrants	...	...	...	...	...	...	...	...	7,303
12 years	...	...	...	...	...	...	...	...	6,653
14 years	...	...	...	...	...	...	...	...	6,810
									<hr/>
Total	...	...	...	...	...	...	...	...	20,766
Additional Periodic Inspections*	...	...	...	...	...	...	...	...	8,540
									<hr/>
Grand Total	...	...	...	...	...	...	...	...	29,306

B.—Other Inspections

Number of Special Inspections	...	...	...	...	...	...	1,949
Number of Re-inspections	...	...	...	...	...	...	12,689
							<hr/>
Total	...	...	...	...	...	...	14,638
							<hr/>

C.—Pupils found to require Treatment

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

<i>Age Groups Inspected</i>					<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table III</i>	<i>Total individual pupils</i>
(1)					(2)	(3)	(4)
Entrants	...	...	...	...	138	814	828
12 years	...	...	...	...	387	578	848
14 years	...	...	...	...	413	532	851
					<hr/>		
Total	...	...	...	...	938	1,924	2,527
Additional Periodic Inspections *	...	...	...	...	517	866	1,204
					<hr/>		
Grand Total	...	...	...	...	1,455	2,790	3,731

* E.g., Pupils at special schools or who missed the usual periodic examination.

**D.—Classification of the Physical Condition of Pupils Inspected in the
Age Groups recorded in Table IA**

<i>Age Groups Inspected</i>	<i>Number of Pupils Inspected</i>	<i>Satisfactory</i>		<i>Unsatisfactory</i> ¹	
		<i>No.</i>	<i>% of Col. (2)</i>	<i>No.</i>	<i>% of Col. (2)</i>
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	7,303	7,239	99.2	64	0.8
12 years	6,653	6,612	99.4	41	0.6
14 years	6,810	6,780	99.6	30	0.4
Additional Periodic Inspections	8,540	8,485	99.4	55	0.6
Total	29,306	29,116	99.4	190	0.6

TABLE II
INFESTATION WITH VERMIN

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	182,018
(ii)	Total number of <i>individual</i> pupils found to be infested ...	931
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	148
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) ...	—

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31st DECEMBER, 1957

A.—Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requir- ing Treat- ment (7)	Requir- ing Observa- tion (8)
		Requir- ing Treat- ment (3)	Requir- ing Observa- tion (4)	Requir- ing Treat- ment (5)	Requir- ing Observa- tion (6)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	43	189	68	119	241	585
5	Eyes—						
	(a) Vision ...	138	962	413	697	1,455	3,045
	(b) Squint ...	81	178	32	54	205	465
	(c) Other ...	14	41	28	47	96	204
6	Ears—						
	(a) Hearing ...	41	201	21	89	147	619
	(b) Otitis Media	21	130	15	42	72	326
	(c) Other ...	9	40	11	23	41	117
7	Nose and Throat ...	185	1,023	30	154	375	2,048
8	Speech	54	174	7	20	106	323
9	Lymphatic Glands ...	19	428	3	41	44	806
10	Heart	8	87	10	101	28	367
11	Lungs	59	400	8	134	104	997
12	Developmental—						
	(a) Hernia ...	15	51	6	15	33	119
	(b) Other ...	15	142	23	69	105	483
13	Orthopaedic—						
	(a) Posture ...	16	55	75	230	189	573
	(b) Feet	83	195	77	123	339	666
	(c) Other ...	94	342	46	186	280	972
14	Nervous system—						
	(a) Epilepsy ...	7	20	13	26	29	107
	(b) Other ...	5	44	6	27	23	164
15	Psychological—						
	(a) Development	4	105	20	187	128	831
	(b) Stability ...	11	194	8	73	65	563
16	Abdomen	5	44	3	28	30	155
17	Other	35	103	24	136	129	530

B.—Special Inspections

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	43	27
5	Eyes—		
	(a) Vision	84	73
	(b) Squint	5	10
	(c) Other	28	14
6	Ears—		
	(a) Hearing	78	98
	(b) Otitis Media	13	19
	(c) Other	22	13
7	Nose and Throat	66	151
8	Speech	23	33
9	Lymphatic Glands	8	66
10	Heart	2	47
11	Lungs	16	101
12	Developmental—		
	(a) Hernia	6	3
	(b) Other	11	47
13	Orthopaedic—		
	(a) Posture	13	24
	(b) Feet	17	17
	(c) Other	36	53
14	Nervous system—		
	(a) Epilepsy	16	20
	(b) Other	3	14
15	Psychological—		
	(a) Development	41	84
	(b) Stability	16	50
16	Abdomen	3	20
17	Other	125	78

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Group 1.—Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and squint	52	134
Errors of refraction (including squint) ...	353	5,734
Total	405	5,868
Number of pupils for whom spectacles were prescribed	167	2,491

Group 2.—Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment—		
(a) for diseases of the ear	—	81
(b) for adenoids and chronic tonsillitis ...	—	895
(c) for other nose and throat conditions...	—	187
Received other forms of treatment	69	45
Total	69	1,208
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1957	11	21
(b) in previous years	1	87

Group 3.—Orthopaedic and Postural Defects

	<i>By the Authority</i>	<i>Otherwise</i>
Number of pupils known to have been treated at clinics or out-patient departments	1,072	822

Group 4.—Diseases of the Skin (excluding uncleanness for which see Table 2)

							<i>No. of cases treated or under treatment during the year by the Authority</i>
Ringworm	(i) Scalp	...	...	...	...	...	1
	(ii) Body	...	...	...	...	...	12
Scabies	...	...	...	...	...	...	5
Impetigo	...	...	...	...	...	...	51
Other skin diseases	...	...	...	...	...	...	178
Total							<hr/> 247 <hr/>

Group 5.—Child Guidance Treatment

Number of Pupils treated at Child Guidance Clinics under arrangements made by the Authority	...	541
--	-----	-----

Group 6.—Speech Therapy

Number of Pupils treated by Speech Therapists under arrangements made by the Authority	680
---	-----	-----	-----

Group 7.—Other Treatment Given

(a) Number or cases of miscellaneous minor ailments treated by the Authority	...	...	...	5,387
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	40
(c) Pupils who received B.C.G. vaccination	...	...	...	3,293
(d) Other than (a), (b) and (c) above (specify)	...	...	...	<hr/>—<hr/>
Total (a)—(d)				<hr/> 8,720 <hr/>

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE
AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers :—							
(a)	At Periodic Inspections	...	...	...	...	...	...	28,484
(b)	As Specials	...	...	...	...	...	...	5,096
								<hr/>
	Total (1)	...	...					33,580
								<hr/>
(2)	Number found to require treatment	...	...	...	...	...	...	26,501
(3)	Number offered treatment	...	...	...	...	...	...	22,689
(4)	Number actually treated	...	...	...	...	...	...	13,809
(5)	Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11 (h) below							
		...	...	...	...	...	...	34,199
(6)	Half days devoted to : Periodic (School) Inspection	...	...	...	...	...	...	285
	Treatment	...	...	...	...	...	...	5,682
								<hr/>
	Total (6)	...	...					5,967
								<hr/>
(7)	Fillings : Permanent Teeth	...	...	...	...	...	...	23,741
	Temporary Teeth	...	...	...	...	...	...	1,903
								<hr/>
	Total (7)	...	...					25,644
								<hr/>
(8)	Number of teeth filled : Permanent Teeth	...	...	...	...	...	...	19,659
	Temporary Teeth	...	...	...	...	...	...	1,760
								<hr/>
	Total (8)	...	...					21,419
								<hr/>
(9)	Extractions : Permanent Teeth	...	...	...	...	...	...	4,312
	Temporary Teeth	...	...	...	...	...	...	16,517
								<hr/>
	Total (9)	...	...					20,829
								<hr/>
(10)	Administration of general anaesthetics for extraction	...	...	...	...	...	...	6,463
								<hr/>
(11)	Orthodontics :							
	(a) Cases commenced during the year	...	...	...	...	...	...	298
	(b) Cases carried forward from previous year	...	...	...	...	...	...	295
	(c) Cases completed during the year	...	...	...	...	...	...	108
	(d) Cases discontinued during the year	...	...	...	...	...	...	56
	(e) Pupils treated with appliances	...	...	...	...	...	...	557
	(f) Removable appliances fitted	...	...	...	...	...	...	452
	(g) Fixed appliances fitted	...	...	...	...	...	...	68
	(h) Total attendances	...	...	...	...	...	...	3,888
								<hr/>

TABLE V (*continued*)

(12)	Number of pupils supplied with artificial dentures	...	...	...	...	169
<hr/>						
(13)	Other operations :	Permanent teeth	...	...	...	5,768
		Temporary teeth	...	...	...	1,331
<hr/>						
		Total (13)	...	...	...	7,099
<hr/>						

Addendum to Table V

(14)	Dental Hygienist :	Half days devoted to treatment	...	...	...	315
		Half days devoted to talks	...	...	...	6
		Attendances for treatment	...	...	...	1,310
		Scaling	404
		Polishing	1,207
(15)	Number of Specialist Anaesthetic Sessions	189

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